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Application Number	09/551,078
Filing Date	04-18-2000
First Named Inventor	RAJIV LAROIA
Art Unit	2631
Examiner Name	BURD, KEVIN MICHAEL
Attorney Docket Number	060524

I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number: 23696 Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 23696**OR** Firm or Individual Name

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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**Signature 

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Date 3/24/08 Telephone (858) 658-5106

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of 3 forms are submitted.

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